

1. PLACE OF DEATH:

(a) County. ANDRAIN

(b) City or town. MEXICO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PAUDRAIN Hos
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Life
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. ANDRAIN

(c) City or town. 413 S. Jefferson
(If outside city or town limits, write "RURAL")

(d) Street No. Mexico, Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. NAF

3. (a) PRINT FULL NAME Barbara Jo Jeffries

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. S

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. June 16, 1942
(Month) (Day) (Year)

8. AGE: Years 15 Months — Days — If less than one day 10 hr. — min.

9. Birthplace. Mexico, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. —

11. Industry or business. —

MOTHER FATHER

12. Name. LLOYD G. JEFFRIES

13. Birthplace. Jonesburg, Mo
(City, town, or county) (State or foreign country)

14. Maiden name. DOROTHY MAE BURGESS

15. Birthplace. Jonesburg, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant. Lloyd G. Jeffries
(b) Address. Jonesburg, Mo

17. (a) Burial (b) Date thereof. 6-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Jonesburg, Mo

18. (a) Signature of funeral director. Clara A. ...
(b) Address. Jonesburg, Mo

19. (a) June 16, 1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16 year 3 hour 30 minute A M.

21. I hereby certify that I attended the deceased from 6-16 1942 to 6-16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. DEFORMITY - ABSENCE OF SKULL + BRAIN

Due to. —

Due to. —

Other conditions. —
(Include pregnancy within 3 months of death)

Major findings: NONE
Of operations. NONE

Of autopsy. —

Duration 157 m

PHYSICIAN —

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). —

(b) Date of occurrence. —

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury. —

23. Signature. R. S. Williams (M. D. —)
Address. Jonesburg, Mo Date signed 6-16-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 7-42-1386

Filed JUL 9 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

NOT EMPALMED Registered Apprentice No. _____

working under my personal supervision.

Signed C. W. Anderson

Licensed Embalmer No. 3569

P. O. Address Mexico

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.